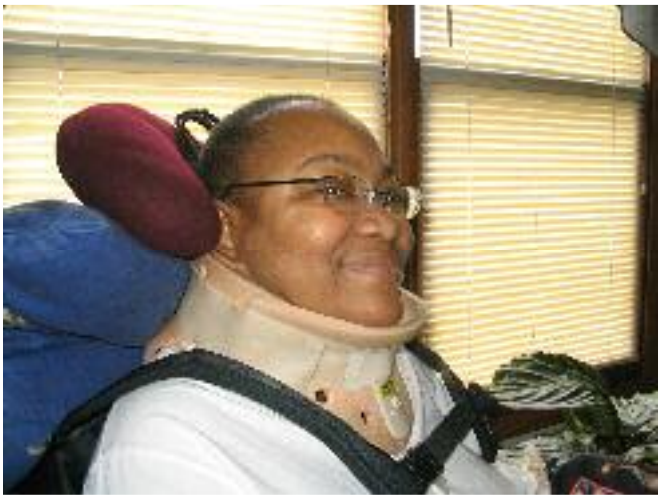
Member

CREATIVE CARE

“We Excel in Person-Centered, Outcome-based Managed Care.”

CREATIVE CARE OPTIONS
OF PASO DEL LAGO COUNTY



This document is the Member Handbook of Creative Care Options of Fond du Lac County. Creative Care Options is a department of Fond du Lac County government, and is a Wisconsin DHFS-certified Long-Term Care Medicaid Managed Care Organization. The Member Handbook is intended for use by our members or by prospective members in contact with the Aging and Disability Resource Center, a separate Fond du Lac County agency.

Our members choose to join this organization, and we value your participation and feedback. We welcome your comments, suggestions, and questions. You may call Member Relations directly to talk about your experiences regarding service quality, to receive help with an appeal or grievance, or for help with information about Creative Care Options and its processes. You will find Creative Care Options' business address, general telephone numbers, and after hours telephone numbers on the lower portion of this page.

Creative Care Options
50 North Portland Street
Fond du Lac, WI 54935

General Phone Number: **(920) 906-5100**
Toll Free Phone Number: **(877) 227-3335**
General Fax Number: **(920) 906-5103**
Member Relations Number: **(920) 906-5121**
Appeals and Grievances: **(920) 906-5195**
Wisconsin Relay TTY/TDD: **(800) 947-3529**

Office Hours: 8:00 A.M to 4:30 P.M.

After Hours Service Authorization Number: (920) 906-5177

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Revised: April, 2008

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THE MEMBER HANDBOOK

WELCOME AND HELLO!

Welcome to Creative Care Options of Fond du Lac County. Your well being and health are important to us. ***We excel in person-centered, outcome-based managed care.***

This handbook explains the Creative Care Options Managed Care Organization (Creative Care Options MCO). If you have questions, or want more information, and are not yet enrolled in Creative Care Options, please call the Aging and Disability Resource Center of Fond du Lac County at 920-929-3466, or toll free 1-888-435-7335. The Aging and Disability Resource Center (ADRC) provides information, assistance, and eligibility screening for long-term care services to prospective Creative Care Options' members and the general public. The ADRC is a separate Fond du Lac County agency and is not part of Creative Care Options.

If you have questions and you are already a member, you can ask your care manager or nurse, or you can call Creative Care Options' Member Relations Coordinator at 920-906-5121. In this Handbook, Creative Care Options (CCO) may also be called simply CCO, or referred to as the Managed Care Organization (the MCO). Creative Care Options is a managed care organization that arranges and provides long-term care services so that you may achieve your long-term care outcomes.

For Other Handbook Formats

If you need this handbook in another language (such as Spanish or Hmong) or in a different format (such as Braille or large print), please call (920) 906-5100, or Toll Free (877) 227-3335, and ask the receptionist for a Member Handbook in the requested format or language. We will make the Member Handbook available to you in a format or language which is useful for you to learn about Creative Care Options.

If you require translation or interpreter services to understand materials or information from or about services from Creative Care Options, kindly request the service from your care manager. Your care manager can arrange for interpreter assistance for materials or for help to understand at meetings at no charge to you. Creative Care Options can be reached through the Wisconsin Telecommunications Relay System at 800-947-3529 (TTY) or 800-947-6644 (Voice) if you need that service.

Espanol

Este es un manual para miembros del programa Creative Care Options (Opciones de Cuidado Creativo) del condado de Fond du Lac. Creative Care Options es una agencia del condado de Fond du Lac. Está certificado en Wisconsin como una organización para administración de cuidado bajo Medicaid. El propósito de este manual es para darles información sobre Creative Care Options a nuestros miembros o miembros prospectivos que están en contacto con el Resource Center.

Si usted quisiera este manual en otro idioma (tal como español o hmong) o en otro formato diferente (tal como braille o en letra grande), favor de llamar a 920/906-5100, gratis a 877/227-3335, o tty/tdd a 800-947-3529 (Wisconsin Telecommunications Relay System), y pida a la recepcionista un manual de miembros en la forma que le sirva. Proveeremos el manual de miembros en una forma que le sea útil a usted.

Si usted necesita servicios de un intérprete para entender la información sobre los servicios de Creative Care Options, favor de pedir esos servicios a su Case Manager (gerente de casos). Su gerente de caso puede arreglarle assistencia de un intérprete para obtener materials o para ayudarle entender todo dicho en sus reuniones acerca de su plan de servicios.

Hmong

Yog koj xav tau kev pab kom koj to taub zoo daim ntawv los yog cov **xov ntawm no, koj hu tau** rau Customer Service Department tus xov tooj (920) 906-5100, toll free (877-227-3335) (TTY/TDD: 800-947-3529-Wisconsin Telecommunications Relay System). Xav kom pab, hu tau rau tib tug xovtooj no.

WHAT IS CREATIVE CARE OPTIONS?

Creative Care Options is certified by the Wisconsin Department of Health and Family Services as a Medicaid Long-Term Care Managed Care Organization. It is a department of Fond du Lac County government. It is also one part of a new way of providing and paying for long-term care services in Wisconsin called Family Care. The Aging and Disability Resource Center is separate and is the other part of Family Care. Family Care is a way for people who need long-term care services to get them when and where they need them.

Family Care and Creative Care Options were designed and developed with the advice and assistance of people with disabilities, elders and advocates. Elders and people with disabilities serve on our governing board and are involved in the ongoing planning, evaluation and improvement of our services. Members like you serve on the Quality Committee and on the Appeals & Grievances Committee.

Creative Care Options helps provide the services that you need to live an active, healthy and independent life. To do this we offer an innovative mix of flexible, community based supports that are creatively and "individually tailored" to meet your outcomes and needs.

Most of our members live at their home or apartment. Some share a housing arrangement with others. There are members who live in group residential living settings. Our goal is to support members to achieve their long-term care outcomes in

the most cost effective manner possible. **As an organization using managed care principles, we try to provide the right services, at the right time, in the right place, in the right way, for the right cost, and for all the right reasons.** Creative Care Options pays for services that are the most cost effective ways to support you to achieve the long-term care outcomes you want. The cost effective ways and services may not be the exact services that you may have originally wanted, but they will support you to achieve your long-term care outcomes.

When your needs change, your supports can change right along with them. If you ever have to go into a hospital, Intermediate Care Facility for People with Mental Retardation (ICF/MR) or a nursing home, we will be there to give you information and support to assure you get the services you need during your stay.

We believe our members should have personal choice when receiving services. Choice means, "Having a say" in how and when your care is provided. Creative Care Options puts you at the center of a "team" that will provide the resources and information you need to make informed decisions about your life and health. The supports you need will be provided, but perhaps not all of what you *may want*. We are committed to working with you to find safe, healthy and fair ways to meet your goals of independence and health.

WHO CAN BE A MEMBER?

It is your choice whether or not to enroll in Creative Care Options. Membership is voluntary. You can choose to become a member of Creative Care Options MCO if you meet all of the following conditions:

1. You meet the general age and disability requirements, which are:
    - You must be at least 18 years old; and,
    - You have a physical disability, developmental disability, or you are an elderly person; and,
2. You are financially eligible; and,
3. You are functionally eligible, which means you have long-term care needs that will likely last for more than 90 days; and
4. You are a resident of Fond du Lac County; and,
5. You sign the Enrollment forms.

A Long-Term Care Functional Screen will be done by the Aging and Disability Resource Center which will determine your functional eligibility.

HOW DO I ENROLL IN THE PROGRAM?

Enrollment begins when you or someone acting for you calls the Aging and Disability Resource Center (ADRC). A staff member from The Aging and Disability Resource Center will meet with you to see if you are eligible for the program. If you appear to be eligible, the staff will explain the many features of Creative Care Options to you, such as the providers who work with CCO, and your rights and responsibilities.

The Aging and Disability Resource Center is a source of information about the services available in the community for people with disabilities and elders. The Aging and Disability Resource Center (ADRC) is there to help you whether you decide to sign up for Creative Care Options or not. The ADRC does not determine what services you may receive from a managed care organization.

During the enrollment process you will be asked to:

- Provide information about your health and support needs
- Provide information about your income and assets
- Sign a "Release of Information" form for your medical records to better understand your long-term care and health needs, and
- Complete and sign an enrollment form

You will also meet with a county Economic Support worker. This person will determine if you meet the financial eligibility for Family Care, Medical Assistance (Medicaid), or your ability to qualify with a higher income if you meet certain requirements.

Once the enrollment process is complete, and you are found eligible for Family Care, an independent Enrollment Consultant will talk to you about what enrollment means. The Enrollment Consultant will discuss your options with you and try to answer any questions you may have about Family Care and getting long-term care services from a managed care organization. This person also will let you know if you will have to pay a cost share to join Creative Care Options. You may have a cost share if your income is above a certain level. For more information about cost share see the section about "Will I Have a Cost Share?"

WHAT DOES BEING A MEMBER MEAN?

As a member of Creative Care Options, you have been found financially and functionally eligible for enrollment. Wisconsin's Adult Long-term Care Functional Screen was completed and used to find you eligible at the nursing home level of care or the non-nursing home level of care. The screen is a state tool which guides information collection and determines Family Care functional eligibility.

Nursing Home Level of Care

Members found eligible at the nursing home level of care have needs similar to

individuals eligible for nursing home admission. The full range of long-term care services in the Family Care benefit are available to support the outcomes of members enrolled at the nursing home level of care. The services and supports in the nursing home level of care benefit are explained in the section of this handbook called "What Services Are Provided."

Non-Nursing Home Level of Care

Members found eligible at the non-nursing home level of care have limited functional and service needs. There are more limited services and options available to members who enroll at the non-nursing home level of care. Nursing home and ICF/MR facilities are not offered at the non-nursing home level of care. The services in the non-nursing home level of care benefit are explained in the section of this handbook called "What Services Are Provided."

The Interdisciplinary Team ("IDT" or "Team")

A team is a group of people who work together to reach a common goal. Each person on a team contributes his or her own ideas. When you become a member of Creative Care Options, you become the center of a managed care Interdisciplinary Team (IDT). In general, the goal of your team is to provide you with supports and services so you can live a more independent and healthy life. You help to set your specific goals. Along with your team members, you create a plan that lists your goals and outcomes and the resources you will need to reach your goals and outcomes. Your team includes the following members:

- ***YOU! – Our Member:*** You are the most important member of your Interdisciplinary Team. Your involvement and contribution are crucial to make sure your long-term care outcomes are supported. Your Team will involve you all along in the process from assessment, to plan development, to provider arrangements, to service delivery, and to evaluating your satisfaction. It is your right to be a part of your Team.

- ***Care Manager:*** The Care Manager helps you to identify your outcomes and address your support needs as identified in your assessment. All of the services you receive through Creative Care Options are driven by the member-centered plan and resulting individual service plan that is written with you. The Care Manager in your team helps to arrange and monitor the services and supports included in your service plan.

- ***Registered Nurse:*** The Registered Nurse (RN) evaluates your health care needs and coordinates health care services with you. As a member of the team, the RN also is a Care Manager who makes sure you receive ongoing tailored support for your long-term care and health care concerns. Your RN will provide prevention and wellness education to you and other people in your life, and will encourage the use of influenza and pneumonia vaccines if applicable and appropriate. Your nurse will also be part of care coordination

with acute healthcare (hospital) and your primary health care (doctor).

- ***Guardian:*** If a guardian has been appointed, that person is always a part of the team

- ***Others as You Determine:*** You may wish that other people also serve on your Interdisciplinary Team. People such as your adult child, your occupational therapist, or your spouse are examples of others you may choose to be part of your team.

Your team will meet with you to talk about ways to support your outcomes and the best ways to meet your needs. The Care Manager and RN members of your team will be your primary contacts while you are enrolled as a CCO member. Their names and telephone numbers can be found on the Member Information Sheet given to you by your team.

You will get to know each of the team members very well, and they will get to know you very well, too. Their goal is to help you stay as independent and healthy as possible. There may be times when your needs change. Contact either your Care Manager or Registered Nurse as needed or when you experience a change in your life.

Member Involvement

A key part of Creative Care Options is member involvement. Creative Care Options can do its job better when it has your support and the support of other members. In exchange for resources and services from Creative Care Options you will have the chance to contribute your knowledge, skills and ideas.

Here are some ways that you may help us as a member:

- By telling us the best way to provide your own services and by giving us feedback on the quality of the services you receive,
- By telling us the best way to provide services and information to members,
- By serving on councils or committees,
- By assisting with health education programs for the membership,
- By calling or writing to us with your ideas, opinions, and suggestions to improve Creative Care Options, and
- By helping to evaluate Creative Care Options and contracted providers.
- By helping to improve our newsletter and communication with members

Your involvement in surveys and interviews about your experiences with Creative Care Options will help us to improve so we can serve you and all of our members better. Another benefit is that you and people who are thinking of enrolling can see how members evaluate Creative Care Options. You have a right to request information from member interviews and satisfaction surveys. To request information about member surveys and interviews about Creative Care Options and satisfaction, contact Member Relations at (920) 906-5121. Call that number also if you have interest to serve on a

CCO committee.

WHAT SERVICES ARE *NOT INCLUDED* IN THE CREATIVE CARE OPTIONS' FAMILY CARE BENEFIT PACKAGE?

The following services are **not** offered through Creative Care Options. Members who have Medicare, Medicaid or other insurance will get these services through those sources. Members generally continue with their ongoing doctors and specialists.

- Alcohol and Other Drug Abuse Services provided by a physician or on an inpatient basis
- Audiology (hearing tests and services)
- Chiropractic care
- Crisis intervention
- Dentistry
- Emergency Care (including air and ground ambulance)
- Eyeglasses
- Family Planning Services
- Hearing Aids
- Hospice
- Hospital: Inpatient and Outpatient (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Independent Nurse Practitioner Services
- Lab tests and x-rays
- Mental Health Services provided by a physician or on an inpatient basis
- Optometry (vision testing and eyeglasses)
- Pharmaceuticals/medicine
- Physician and Clinic Services (except for Outpatient Physical Therapy, Occupational Therapy, and Speech and Language Pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Podiatry
- Prenatal Care Coordination
- Prosthetics
- School based services
- Ambulance and Medicaid common carrier transportation

Although Creative Care Options does not provide the above services, your team will work closely with you to access and coordinate such health services through Medicare, Medicaid, other insurance or other available resources. Your team will be involved to help you and your family or support staff to coordinate health services, health education, and discharge planning. Your team will also help you and your family with vision, dental, preventative health measures, and other non-Family Care benefit services

to meet your long-term care outcomes. You have responsibilities to share health information with your team to enable good coordination and to sign release of information documents.

WHAT SERVICES ARE PROVIDED?

You and your Interdisciplinary Team will meet to put together a plan for your care. The services you receive are determined based on an assessment of your needs and your strengths in a number of areas, and the development of a member-centered plan. The assessment is an ongoing process of identifying your needs for support and the real-life outcomes that matter to you. This may differ from *wants* you may have. Your service plan is individually tailored to your specific needs and outcomes based on the Resource Allocation Decision Method (RAD). There may be many different ways for you to achieve the care outcomes that you want. Some outcomes are met by natural supports such as your family members or neighbors. Your team will decide with you when you require specific services to achieve your outcomes. You may not receive everything you want or ask for, but you will receive what you need for health, safety, and reaching desired long-term care outcomes. Members receive supports and services which are also dependent on whether they are enrolled at a nursing home level of care or a non-nursing home level of care and the respective level of care benefit packages.

LONG TERM CARE BENEFIT PACKAGES

Nursing Home Level of Care	Non-Nursing Home Level of Care
Community-Based Medicaid State Plan Services	**Community-Based Medicaid State Plan Services**
• AODA Day Treatment Services (in all settings) • Durable Medical Equipment, except hearing aids and prosthetics • Home Health • Medical Supplies • Mental Health Day Treatment Services (in all settings) • Mental Health Services, except physician or inpatient • Nursing (including respiratory care, intermittent and private duty) • Occupational Therapy (except inpatient) • Personal Care • Physical Therapy (in all settings except for inpatient hospital) • Speech and Language Pathology Services (except inpatient) • Medicaid Transportation except ambulance and common carrier	• AODA Day Treatment Services (in all settings) • Durable Medical Equipment, except hearing aids and prosthetics • Home Health • Medical Supplies • Mental Health Day Treatment Services (in all settings) • Mental Health Services, except physician or inpatient • Nursing (including respiratory care, intermittent and private duty) • Occupational Therapy (except inpatient) • Personal Care • Physical Therapy (in all settings except for inpatient hospital) • Speech and Language Pathology Services (except inpatient) • Medicaid Transportation except ambulance and common carrier
Institutional Medicaid State Plan Services	**Institutional Medicaid State Plan Services**

• Nursing Facility including ICF-MR and IMD	None
Home and Community-Based Waiver Services	**Home and Community-Based Waiver Services**
All Family Care Enrollees Receive Interdisciplinary Care Management • Adaptive aids • Adult day care services • Adult Family Homes (Assisted Living-AFH) • Community-Based Residential Facility (Group Assisted Living-CBRF) • Residential Care-Apartment Complex (Assisted Living-RCAC) • Children's foster homes/treatment foster homes • Communication aids • Consumer education and training • Consumer/Self-directed supports (SDS) • Counseling and therapeutic resources • Day services for children • Financial management services • Habilitation services ♦ Daily Living Skills Training ♦ Day Center Services ♦ Pre-Vocational Services ♦ Supported Employment ♦ Vocational Futures Planning • Home delivered meals • Home modifications • Housing counseling • Personal Emergency Response Systems (PERS) • Relocation services (from nursing home or ICF/MR) • Respite care • Specialized medical equipment and supplies • Specialized transportation • Supportive home care	**All Family Care Enrollees Receive Interdisciplinary Care Management**

Creative Care Options' Provider Network

The long-term care supports and services you receive will be from the Creative Care Options' Provider Network. This is a network of providers and agencies that contract with CCO to enable members to live healthy and independent lives. Not all providers for long-term care in the community are part of the Creative Care Options' Provider Network. To use out-of-network providers, the guidelines on page 15 apply.

A current Provider Network Listing was given to you along with this Member Handbook revision. If you ever want an updated version of the Provider Network Listing, please contact your Care Manager or Registered Nurse on your team for one to be sent to you.

WHO DECIDES WHAT SERVICES I WILL GET?

Your team will talk to you when they do your assessment about what kind of life you want, where you want to live it, and what kinds of supports you will need. Your assessment may result in service plan recommendations to support where you are living, or it may result in recommendations for different living and support arrangements.

The Interdisciplinary Team will develop an individual, member-centered service plan for you based on the assessment and your identified long-term care outcomes. The service plan will identify what services you will receive, who is going to provide them, and how often or in what amounts you are to receive the service. It may also include things that your family or other support people will do for you. Many times people can achieve one or more of their outcomes without a lot of help from CCO. The goal of Creative Care Options is to support the people in your life who are already providing support to you. Maximizing this "informal support" can preserve your personal relationships and keep important people in your day-to-day life.

The Interdisciplinary Team (IDT) includes you, and it makes the final decision about the services in the Family Care benefit to be provided. The Interdisciplinary Team is responsible for authorizing services that Creative Care Options pays for; that is, the services in the Family Care benefit. If you arrange to receive a service without your team's authorization, you may be responsible for the cost of that service.

You will be asked to sign your service plan indicating that you agree with and are satisfied with the plan. You will be given a copy of the signed plan. If you are not happy with aspects of your individual plan, please discuss those issues with your team or with the Member Relations Coordinator. We will try to resolve matters as informally as possible. If you remain unhappy with a plan there are appeal procedures available to you. Please look for the section on "What Do I Do If I Am Not Satisfied?"

How does CCO balance what I want with the cost of my services?

Creative Care Options is responsible for helping you to achieve your outcomes, but also has to consider cost in designing services and choosing providers. Creative Care Options uses a process called the Resource Allocation Decision method (RAD). Using the RAD, CCO helps you identify your personal outcomes, and then works with you to find the most cost-effective way of helping you achieve those outcomes. The plan should be both effective and efficient in supporting your outcomes. CCO can choose a less expensive way to provide a service, if it still supports your outcomes. If reaching your outcomes fully or right away is so difficult or expensive that it is not reasonable, your team will help you to identify potential steps to achieving your outcomes. Cost effectiveness is an important element in the CCO managed care decision process to help us to stretch resources to support members with high needs.

WHAT IF I WANT TO CHANGE SERVICE PROVIDERS, OR USE ONE THAT IS NOT IN THE CCO PROVIDER NETWORK?

Switching providers within the Provider Network

Contact your Interdisciplinary Team (IDT) if you wish to switch from one provider in the network to another provider in the network. If you are not happy with the services you get from a provider, you should inform your Interdisciplinary Team (IDT). If your IDT has not been able to resolve your concerns, you may want to ask to change providers. Your team will ensure that the new provider is able to deliver the services you need. The team authorization is necessary to change providers and to identify ending and starting dates.

Using Providers Not in the Provider Network

If you would like to use a provider other than one in the Provider Network Listing, talk to your Interdisciplinary Team. The team will talk with you about your desire to use a provider not in the list. Some reasons for using a non-network provider or vendor are:

1. Providers in the network do not have the skills to meet your needs,
2. The providers in the network cannot serve you within the timeframe you need the service,
3. The providers in the network do not meet your cultural needs,
4. Transportation or access to the provider is very difficult.

The IDT may authorize a non-network provider if it determines that it is the most effective and efficient way to achieve your outcomes and meet your needs.

Creative Care Options offers its members an option called Self-Directed Supports. To learn more about this option which includes supports to employ caregivers, please see the next section of the Member Handbook on "Can I Direct My Own Care?" More information is available about the Self-Directed Support options through your team.

CAN I DIRECT MY OWN CARE?

The Self-Directed Supports Option:

Creative Care Options offers to all of its members the opportunity to arrange, direct, and purchase supports and services for themselves through an option called Self-Directed Supports (SDS). If you are a member choosing Self-Directed Supports, you may control and direct resources, services, and support staff through your management of an annual budget based on your individual service plan. All or part of your individual service plan may be through SDS at your choice. You or your support network works with your Interdisciplinary Team to meet health and safety outcomes and to establish an annual budget for supports. You take responsibility for personal decisions and actions to implement the Self-Directed Supports (SDS) plan.

Most often you, as the member, become the employer of your selected support staff. Often it is a person you know that you want to provide your services. Assistance for you to become an employer is given through an accounting firm which handles payroll and

reporting tasks. This option does not affect your income or tax liability. Another option in SDS is co-employment through the use of an agency as the employer of workers that you help to select and direct.

There are policies which guide the development of an individual budget for supports and for limiting a member's access to the SDS option. Limits may be placed if a member cannot manage to stay within the agreed budget, or for misuse of CCO funds for an SDS plan.

If you think you are interested to choose the Self-Directed Supports option, you should talk with your Interdisciplinary Team to begin the process. You may ask your team for a brochure which is available on Self-Directed Supports. You may call the Aging and Disability Resource Center if not a member yet, or may contact Member Relations at 920-906-5121 to request a copy of the SDS brochure.

WHAT ABOUT PERSONAL ASSISTANCE SERVICES?

Personal Assistance Services can range from personal care/attendant care (bathing, dressing, toileting), to supportive home care (cooking, cleaning, and shopping). These support services usually occur at your home and are highly personal. Many people with disabilities and elders rely on these services to live independently in the community. These services can assist you to continue or to return to live in your own home or apartment safely and for a long time.

Informal Supports: Many people with disabilities and elders have informal helpers already providing these personal supports or they know someone who is willing to help. Creative Care Options wants to support and encourage your informal, natural helpers, and not to replace them. People are confident and safest when others who know and care about them are involved regularly in their lives. Family and friends are an important part of your support, and Creative Care Options wants to keep them involved in your life.

Contracted Provider Network:: Creative Care Options provides a full range of these services through vendor agencies in the Provider Network Listing. These providers are available in different parts of the service area, have varying specialties, and provide hands-on care. You will work with your Team to identify and select the provider(s) who can meet your outcomes for timeliness, types of support, methods, and number of hours of support.

Self-Directed Supports Arrangements: As mentioned previously, the Family Care benefit package includes a Self-Directed Supports option through which you may pay for personal assistance services if the helpers meet certain qualifications. Your Interdisciplinary Team will help you to determine if someone you know can be your employee as a paid helper. If you choose to have an informal helper assist you, it is important for you to know that your helper could become your employee or the employee of a support agency. Self-Directed Supports can only be arranged through your Interdisciplinary Team.

IF YOUR ROUTINE SUPPORT WORKER FAILS TO SHOW UP: If your support worker fails to show up or to arrive when you needed, please contact the provider directly as the first action step. If the assistance you need is urgent or your provider is not responsive to your needs or requests, call your Interdisciplinary Team or call the CCO on-call number at 920-906-5177 after working hours or on weekends and holidays to ask for assistance.

EMERGENCY & FOLLOW UP SERVICES - HOW DO I GET THEM?

Emergency Services: Please read this section carefully. Learn what to do before an emergency occurs. Your team nurse can help with this. You do not need permission from Creative Care Options to get emergency medical care.

Emergency care is care needed right away to avoid serious harm to you or others. An injury or a sudden illness may cause this. Some examples of emergencies are:

- Trouble breathing
- Broken bones
- Unconsciousness
- Suspected stroke
- Severe or unusual bleeding
- Severe burns
- Severe or unusual pain
- Suspected poisoning
- Suspected heart attack
- A mental health issue that may result in serious harm to the person or another
- Convulsions or Seizures
- Suspected head injury
- Severe dehydration due to illness

In case of an emergency, call 911.

Note: Always show your insurance card or FORWARD (Medicaid) identification card to anyone providing you with health services.

URGENT CARE SERVICES & FOLLOW UP SERVICES- HOW DO I GET THEM?

Urgent Care is care you need sooner than a routine visit with your doctor or nurse. **Urgent care is not emergency care.**

Some examples of urgent care are:

- Urinary tract infections
- Minor burns
- Minor cuts
- Bruises and sprains

- Skin breakdown
- Symptoms of bronchitis, sinus infection, or other upper respiratory infections
- Diarrhea
- Most drug reactions
- Severe sore throat
- Ongoing headaches
- Flu and cold symptoms

IF YOU NEED URGENT CARE, ARRANGE IT AT A CLINIC OF YOUR CHOICE.
You can call the nurse on your Interdisciplinary Team if you don't know what care you need and you would like the nurse to help. You do not need Creative Care Options' or the nurse's permission to get urgent or emergency services.

Follow up Services: Follow up services are often needed after Emergency or Urgent Care. You should notify your Interdisciplinary Team after any emergency room visit or urgent care visit and inform them of medical circumstances.

If the follow up service is from the Family Care benefit package you need to arrange for the service with your team before receiving the service. If you need a Family Care service authorized after hours, you or the provider may call (920) 906-5177.

Note: Always show your insurance card or FORWARD (Medicaid) identification card to anyone providing you with health services.

ROUTINE CARE - PREVENTATIVE SERVICES - HOW DO I GET THEM?

Routine Care is care that you need routinely to insure ongoing health. **Routine Care is not urgent care or emergency care.** Preventative Care is provided to prevent and improve health conditions.
Some examples of routine care are:

- Eye exams
- Dental Exams
- Physicals and Weight Monitoring
- Blood checks

Some examples of preventative care are:

- Nutrition and diet counseling
- Cancer screening
- Flu Vaccine
- Pneumonia Vaccine

IF YOU NEED ROUTINE CARE, ARRANGE IT AT A CLINIC OF YOUR CHOICE.
If you are uncertain of what care you need, contact your team's Registered Nurse. You do not need Creative Care Options' permission to get routine medical care.

It is a good idea to have a doctor available to you in the community in which you live. However, physician services are not covered by CCO. If you chose to join Creative Care Options, you will continue to get physician services as you do now through Medicare, Medicaid, or other insurance. You will not have to change doctors if you already have one. We can help you find a doctor if you do not have one.

PREVENTATIVE CARE ARRANGEMENTS: Preventative care is coordinated routine care designed to improve your health status and well being. You will be encouraged to receive the Flu and Pneumonia vaccines as important to your good health. Your Interdisciplinary Team will continually work with you to assess your need for formal services and supports as your needs change.

A SECOND MEDICAL OPINION MAY BE NEEDED IN SOME CASES. Although Creative Care Options does not provide the medical treatments listed on page 11, your team nurse may help you arrange for a second opinion.

Follow up Services: Follow up services may be needed after a routine care appointment. Some of these services may be from the Family Care long-term care benefit package (listed on pages 12 and 13). It is very important for you to contact your team if follow-up services are necessary.

If the follow up service being prescribed is from the Family Care benefit package, you need to arrange for the service with your care management team before getting the service.

As usual, always show your insurance card or FORWARD (Medicaid) identification card to anyone providing you with health services.

OUT OF AREA SERVICES - HOW DO I GET THEM?

"Out-of-Area" means that you are traveling or visiting for a time outside of the Fond du Lac County service area. Part of your eligibility for Family Care is based on your residence in Fond du Lac County. Creative Care Options may provide services for you during a temporary absence from the service area through the following process:

1) you must request long-term care services during a temporary absence from the service area from and through your Interdisciplinary Team,
2) your request must be made far enough in advance so that Creative Care Options may effectively plan for providing the long-term care services,
3) when your request is received, a referral will be made to the county economic support unit to do a residency test related to your plan for absence,
4) if you are considered to no longer be a resident, you will lose eligibility for Family Care and will disenroll from Creative Care Options,
5) if you are determined to remain a Fond du Lac County resident, Creative Care Options will test whether a cost-effective plan for achieving your outcomes and assuring your health and safety during the absence can be developed using the Resource Allocation Decision (RAD) method,

6) if Creative Care Options determines that it can develop a cost-effective plan to assure your health, and safety and support your outcomes, then your Interdisciplinary Team will implement the plan for services during your temporary absence,
7) if Creative Care Options determines that it cannot establish a cost-effective care plan for supporting your outcomes and assuring your health and safety during the absence, it will seek state Department of Health and Family Services' approval for your involuntary disenrollment,
8) if Creative Care Options seeks your involuntary disenrollment, you will be given the opportunity to challenge the disenrollment request, and to demonstrate that outcomes and safety can be supported with reasonable cost and effort, including the use of a Self-Directed Supports Plan for the temporary absence.

In most instances Creative Care Options will not be responsible for the payment for any services if you are gone from the county for extended periods of time. If you will be disenrolled due to a temporary or permanent absence from the service area, at your request CCO will attempt to coordinate the transition of services to other providers in your new location.

NURSING HOME - WHAT HAPPENS IF I NEED IT?

One of the primary goals of Creative Care Options is to assist you to live in your own home, and to live as independently as possible. Your life situation or health condition might make a nursing home stay necessary. Some nursing home stays are for rehabilitation only. Your care management interdisciplinary team (IDT) will work with you to supervise the services you get while you are in a nursing home. They will also help you make a plan to return to your own home as soon as possible. The determination that you need to move permanently to a nursing home will be made by you and your team through the Resource Allocation Decision (RAD) method. You may be assured that your team will explore all alternatives which may be arranged. Your IDT will let you know how your social security and other benefits will be affected if you move permanently to a nursing home.

Note: If you are enrolled at the non-nursing home level of care, you do not need to be in a nursing home at this time, based on your functional screen. If your condition changes, and you or your doctor determines you need to be in a nursing home, another functional screen will be done to learn if your level of care changed. Your team will work with you to determine if a nursing home is the most appropriate place for you to be for your outcomes to be supported.

ARE THERE SERVICES CREATIVE CARE OPTIONS WON'T PAY FOR?

Creative Care Options typically won't pay for your normal living expenses which are often related to room and board. Normal living expenses include rent or mortgage

payments, food, utilities, entertainment, clothing, furniture, household supplies, insurance, and most over the counter medicines. If you live in a residential facility (also called a group home or CBRF), Creative Care Options typically won't pay for the room and board portion of the facility's cost. Creative Care Options will not pay for anything considered against the law or illegal, or support a member to act illegally. In addition, if there are support services that meet your outcomes in a cost effective manner, it is unlikely that CCO will pay for a much more expensive similar service for you for the same outcomes.

DO I HAVE TO PAY FOR ANY OF MY SERVICES?

Prior Authorization Process:

Creative Care Options must approve long-term care services ***before*** you receive them. Please ask your team if you need a service that is not already approved and in your service plan. **Creative Care Options is not required to pay for services you receive without our prior approval.**

If you get a service that has not been approved by your team, you may have to pay for that service. Services are authorized through your individual service plan. You and your team members will discuss any changes to your service plan and determine what services will be approved. You can always ask your team to stop, add or change any service. If a service is needed after normal office hours, you or your provider can call (920)-906-5177 to ask for prior authorization.

Room and Board Expenses in Residential Facilities:

If you are living in a residential facility (which may be a group home or CBRF, or an adult family home, or an assisted living facility), and it is cost-effective to meet your outcomes, you will be required to pay the room and board portion of the facility's cost. You will be informed of your room and board rate and will receive a monthly bill from Creative Care Options. Facility room and board costs are different from a cost share which is based on your income. They are two different things. The next section discusses the monthly cost share.

WILL I HAVE A MONTHLY COST SHARE?

Some members may have a cost share each month. This cost share is based on your income and the cost of your long-term care services. This amount is set by the state based on income information you submitted to the Economic Support Unit of Social Services. Before you enroll in Creative Care Options, the Enrollment Consultant will tell you if you will have a cost share and how much it will be. You will receive a monthly bill from Creative Care Options which will tell you when and where to pay your cost share. The amount of your cost share will be looked at once a year, or anytime your income changes. You are required to report all income and asset changes to your economic

support worker within 10 days of the change.

If you do not pay your cost share within a 30-day grace period, or within the arrangements made with our office, you will no longer be eligible for services from Creative Care Options. You will receive a loss of eligibility notice. Please note that your cost share and your room and board expenses at a facility are two different things. It is possible that you may have both a cost share and room/board expenses monthly.

DOES MEDICARE PAY FOR ANY OF MY SERVICES?

Creative Care Options expects that Medicare benefits will be elected by members who are currently enrolled in Medicare Parts A and/or B, and that the Medicare benefit is maximized. When you have Medicare, federal rules require that Medicare be billed first for services in the Family Care benefit. Any private insurance you have will also be billed. If you have Medical Assistance, also known as Medicaid or Title 19, it may pay for services that are not in the Family Care benefit (see list on page 11).

Creative Care Options strongly encourages you and members who are eligible for Medicare to sign up for both Medicare Part A and Medicare Part B. There is a premium for Medicare B, which is deducted from your Social Security check. In some cases you may get assistance paying this premium. Your Economic Support worker can tell you if you qualify for this assistance. If you do not sign up for Medicare B when you are first eligible, the premiums will keep getting higher each year; so it's a good idea to sign up as soon as you are eligible.

If you are currently enrolled in Medicare Parts A and/or B and choose not to use your Medicare benefits, Creative Care Options may refuse to pay for your costs that Medicare would otherwise cover. The benefit specialists at the Aging and Disability Resource Center (920-929-3466) or Senior Services Department (920-929-3521) or Economic Support Unit (920-906-5178) will be able to counsel you regarding Medicare benefits. Your Interdisciplinary Team may also help with information.

WHAT HAPPENS IF I GET A BILL?

If you receive a bill for services from a provider, which Creative Care Options has authorized through your service plan, you do not have to pay for the service. Call your Interdisciplinary Team if you receive a bill for a service authorized by Creative Care Options.

Providers contracting with Creative Care Options are not allowed to collect any payment for authorized services from you or other members. There are no co-payments for services from Creative Care Options. You are still required to pay Medicaid co-payments for services not provided by CCO, such as co-payments for medications, doctor and hospital visits, if applicable. Of course, you will receive bills from Creative Care Options if you have a cost share or if you have facility room and board expenses.

You must pay these bills to remain eligible for the Family Care benefit through CCO.

WHAT ARE MY RIGHTS AS A MEMBER?

As a Member in Creative Care Options you have the following rights:

- To participate in planning and evaluating your services, including your choice of any other people you want to participate in planning your services;
- To the choice to enroll in Creative Care Options, if eligible, and to disenroll at any time from Creative Care Options for any reason.

- To freedom from unlawful discrimination in applying for or receiving the Family Care benefit.

- To information regarding all services and supports potentially available to an enrollee through the Family Care benefit

- To choose from among services and providers, including:

    a. For "critical personal services," to choose any qualified provider who will accept the unit cost and meet other Creative Care Options' standards. "Critical personal services" are services that involve intimate personal needs or a provider coming into the home frequently;
    b. For other services, to choose from among the providers within the CCO Provider Network, and to request consideration for providers to be added to the network;
    c. To have a member of your family, relative, or friend paid to provide a service approved by the team if the family member, relative, or friend accepts the unit cost and meets Creative Care Options' requirements and standards.
    d. To choose providers outside the Creative Care Options network if the network does not have providers with the specialized knowledge needed to treat your condition or meet your specific needs, such as your cultural needs;
    e. To choose a Self-Directed Supports option to manage services yourself or with your own team of natural supports.

- To receive the services identified in the individualized service plan which you need, when you need them, if you are eligible, including:

    a. An objective, individualized assessment to determine your needs, and support to self-identifying long-term care needs and appropriate Family Care outcomes;
    b. Development of a service plan tailored to meet your unique needs, circumstances and preferences as determined through the assessment; and
    c. To receive services and supports from qualified providers that are prompt, adequate and appropriate for meeting your individual needs, and that as much as possible preserve your health, safety and well being, and keep you free from abuse and neglect.

- To accuracy and privacy of information about you, and to have access to such information.

- To dignity, respect, and fair and equitable treatment, and to be free from discrimination.

- To file a complaint with the Division of Quality Assurance if you believe that your advance directives have not been followed, and to request CCO assistance to file such a complaint from your team or Member Relations.

- To personal autonomy and other civil and legal rights, including being able to:

  a. Make your own choices and decisions to the extent that you are able, and to be supported in decision-making in a manner that maximizes your ability and autonomy;
  b. Manage and control your own services to the extent you are willing and able;
  c. Receive treatments/services in the least restrictive conditions consistent with your service plan;
  d. Live in the setting you choose unless there are essential health or long-term support needs that cannot reasonably be met in such a setting, or the preferred setting includes a package of services that exceeds your identified needs.
  e. Develop an advance directive; such as durable power of attorney for health care or a living will; and
  f. Fully exercise your rights as a Creative Care Options member and any other civil and legal rights to which you are entitled.

- To request and obtain information on the results of member surveys by contacting the Member Relations staff of CCO.

- To receive services from culturally competent providers and to information about the specific capacities of providers, such as languages spoken by staff, or adherence to a particular set of religious customs.

- To request a private room in residential services and to have the procedures explained to meet your request if a private room is not immediately available.

- To assistance and support in understanding your rights and resolving complaints, grievances, and appeals, including assistance from:

  a. Your Interdisciplinary Team and other service providers;
  b. A Creative Care Options member advocate at (920) 906-5121; and
  c. An external advocate not associated with Creative Care Options or its providers: such as the disability benefits specialists at (920) 929-3428 and (920) 929-3521.

- To an offer of a meeting and assistance, and help from your team when you notify

the team by advance notice that you plan to move out of the county.

- To be free from abuse and neglect

- To a fair and equitable due process for resolving appeals and grievances, including:

  a. The opportunity to resolve appeals and grievances informally with providers or team members;
  b. Access to more formal processes for appeals and grievances, including the use of a process outside Creative Care Options at any time;
  c. Access to a State Fair Hearing process;
  d. Prompt resolution of any appeal or grievance you raise;
  e. The right to bring a court action at any time against any organization, including Creative Care Options, its providers, or the Family Care Program, for causing you damage from violating your rights;
  f. To be guaranteed that the review of your services shall involve a professional having the training, credentials, and licensure required to provide treatment in the State, and having no financial interest in the decision;
  g. To be represented by any advocate, peer or other representative you choose at any level of review and resolution of complaints, grievances, or appeals, and to receive information about the availability of independent advocacy services, and other local consumer advocacy organizations and support groups that might assist you; and
  h. To be free from reprisal or the overt or implied threat of reprisal.

There is more information about the appeals and grievance procedures available to you in the section entitled "What Do I Do If I Am Not Satisfied?"

WHAT ARE MY RESPONSIBILITIES AS A MEMBER?

The services of Creative Care Options depend on the involvement of you and your significant other(s). The team will work closely with you to try to meet your long-term care and health care outcomes and needs. In order to do this; you as a member have the following responsibilities:

- To provide full, correct and truthful information requested by your team or providers to determine eligibility, cost sharing, or to meet their reporting requirements;

- To allow the release of records as needed, after reasons are explained to you, and to sign release of information forms for your team;

- To participate in the initial and ongoing development and implementation of your member-centered plan and individualized service plan;

- To use the benefits you are entitled to under other programs or private insurance to pay for services before these expenses are charged to Creative Care Options;

- To use CCO network providers unless you and your team mutually agree otherwise;

- To accept services without regard for the provider's race, color, religion, age, gender, sexual orientation or national origin;

- To pay your monthly cost-share (if you have one) and the room and board expenses applicable (if you live in a residential care setting);

- To comply with emergency services procedures;

- To participate in quality assurance processes; including member outcome interviews and surveys. The goal of Family Care is to improve the quality of life and quality of services for people who need long-term care services and supports. Listening to and learning from people in this program is at the center of Family Care quality.

- To report in a timely manner any changes in your personal health, your ability to do activities of daily living, household or financial status which might affect eligibility or the amount of benefits or services received.

- To report any suspicions or evidence of fraud or abuse of the Family Care program on the part of providers, other members, or CCO employees to the Member Relations staff at (920) 906-5121.

- To provide any input you wish on changes in CCO policies and services; or, to learn about opportunities to participate on the Quality Committee or other Committees; or, to submit comments or suggestions to the Quality Committee, please contact the Member Relations staff at (920) 906-5121.

- To report instances of abuse or neglect to your team or authorities.

- To keep CCO and your team informed if you change your address or phone number.

- To notify CCO well in advance if you plan to move out of Fond du Lac County**.** You need to notify your care management team as soon as you think you might move. Your absence from the service area for an extended period may result in loss of eligibility and disenrollment as determined by the Economic Support Unit. By request, your care management team may attempt to coordinate the transition to providers in the new location (see the section entitled "Out Of Area Services, How Do I Get Them?").

YOUR RIGHT TO BE FREE FROM ABUSE OR NEGLECT

Creative Care Options affirms your right to be free from abuse or neglect. This section will inform you about what is considered abuse or neglect, what resources exist for reporting and assistance, and emergency 24-hour phone numbers to use when needed.

Members who experience or suspect abuse or neglect are encouraged to report such instances to their Interdisciplinary Team, or to police, or to the Aging and Disability Resource Center (920-929-3466). If the situation is an emergency, members should call 911 for assistance from police and for medical care. Other organizations and phone numbers for reporting and assistance with specific types of abuse are below.

Police emergency number:	911 (24 hours)
Aging and Disability Resource Center (abuse, neglect, fiscal abuse)	920-929-3466
ASTOP (for sexual abuse, 24 hours)	920-921-7657 Or 1-800-418-0270 (toll free)
County Crisis Intervention (for mental health or suicide risk, and 24 hour line)	920-929-3535
St. Agnes Hospital Domestic Violence (in-home abuse and violence, 24 hours)	920-926-4207
FAVR (for domestic abuse, 24 hours)	920-923-1743

The following definitions apply:

1. **Abuse** means any of the following:

    a. Physical abuse: intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.

    b. Emotional abuse: language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.

    c. Sexual abuse: a violation of criminal assault law, s. 940.225 (1), (2), (3), or (3m).

    d. Treatment without consent: the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery,

electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance

e. Unreasonable confinement or restraint: the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint

2. **Adult protective services** or **APS** under Wis. Stat. § 55.02, refers to any services that, when provided to an individual with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself or herself or another person .

3. **Neglect** is defined in s. 46.90(1)(f) Wis. Stats., to mean the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under ch. 154, a power of attorney for health care under ch.155, or as otherwise authorized by law.

   Self–neglect means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

WHY WOULD MY BENEFITS BE STOPPED?

One of the benefits of the Family Care Program is that there is no waiting list. What this means is that if a member should lose eligibility for any reason, the person may immediately re-enroll as soon as he/she is eligible again.

Loss of Eligibility: You are eligible for membership in Creative Care Options because you are an adult resident of Fond du Lac County, because you have a functional need for long-term care services and supports, and because you meet the financial eligibility for Medical Assistance. If any of these circumstances change, you may no longer be eligible. A loss or change in eligibility will be determined when you go through your annual functional and financial review. You will lose eligibility if you have a cost share, but don't pay it. You will lose eligibility if you move out of Fond du Lac County. If you are

planning to be out of the Fond du Lac County service area for an extended period, please refer to the section of this Handbook on "Out of Area Services."

Voluntary Disenrollment*:* You have elected and chosen to enroll in Creative Care Options. We hope you will be pleased with Creative Care Options. You may leave the program if you are not happy with it. If you say you want to disenroll, you will be referred to the Aging and Disability Resource Center to discuss your options and sign a form to disenroll. The Aging and Disability Center's phone number is 920-929-3466.

They will let you know how disenrollment will affect your eligibility for Medical Assistance, and will give you information about what services are available outside Creative Care Options. The Aging and Disability Resource Center will help you as a person who wants to disenroll to select a disenrollment date that will be appropriate or work best for you. If you were not receiving Medical Assistance before enrolling in Creative Care Options, special conditions for the continued benefits may apply.

If you voluntarily disenroll from CCO, you can change your mind later, and re-enroll. You will have to contact the Aging and Disability Resource Center to re-enroll at (920) 929-3466. Of course you will still need to meet the eligibility requirements.

Involuntary Disenrollment: Creative Care Options may disenroll you only with permission and approval from the State of Wisconsin. If that decision is reached, you will receive a notice of involuntary disenrollment and have 45 days to file an appeal for a State Fair Hearing. If you wish services to continue while a hearing decision is pending, you must file an appeal within 14 days of receiving the notice or the effective date of the change on the notice. Your enrollment will continue until the State makes a final decision on the appeal of the involuntary disenrollment.

DO I HAVE THE RIGHT TO MAKE CARE DECISIONS FOR THE FUTURE?

Members and "Living Wills" and "Durable Power of Attorney" Documents:

You have the right to make decisions about your long-term care and health care. This includes the right to accept or refuse services or treatment as long as you are competent to do so. You also have the right to plan and direct the types of long-term care and health care you wish to receive in the future if you become unable to express your wishes. Two ways of doing this are called a "living will" and the "durable power of attorney for health care." You can let your family, Creative Care Options, your providers, and your doctor know about your feelings by making a living will or durable power of attorney for health care. If it is appropriate, your Interdisciplinary Team may talk with you about future planning through the use of one of these instruments while you have capacity to make such decisions. Having one of these documents completed assures that your will for receiving or declining future services, and who will act on your behalf, is known. For more information, contact your team or your doctor.

If you experience a time when a health care provider has not followed your advance directive, you have the right to file a complaint. Complaints should be directed to the Provider Regulation and Quality Improvement Section of the Division of Quality Assurance at (608) 266-2055. For further assistance, you may also contact Creative Care Options' Member Relations Coordinator at (920) 906-5121 or your team who can help you to file a complaint about an advance directive not being followed. Your choices and wishes are valued.

WHAT IF I HAVE A CHANGE IN MY HEALTH OR FINANCES?

Talk to your team if there is a major event that changes your functioning, or how much money you have. These changes may affect your eligibility for Family Care and/or Medical Assistance. An example of a major event changing your functioning or capacity may be a change in your health, such as a stroke or broken leg. An example of a major event changing how much money you have is winning $50,000 in the lottery. You must notify your team of any change in your health or condition. You should notify your economic support worker if you have a change in monthly income or in assets.

WHAT DO I DO IF I AM NOT SATISFIED?

Creative Care Options wants to assist you to meet your long-term care outcomes and health care needs and to address concerns you and your family may have. Because we are charged to do this in the most cost effective manner possible, your team may have to say "No" and decline some potential service requests. The Resource Allocation Decision (RAD) method may not always lead to agreement. We will try to resolve matters when there are disagreements by discussions with your team and supervisors and Member Relations.

These differences may also be resolved through the appeals and grievances process. This process is part of the safeguards to assure that just the right services are delivered at the right time and in the right amount for the right cost to achieve the right outcomes. Your team may decline a service they don't agree is reasonable or supports your outcomes effectively or efficiently. You may use the appeal and grievance process to address these differences. This is just a part of the business of creating the right balance between outcomes and the costs to achieve them. Creative Care Options will try to resolve matters in which there are disagreements at the Interdisciplinary Team level if at all possible. However, appeals are part of a process and are not something that is "good" or "bad," they just "are," and they are "OK."

As a member of Creative Care Options, you have the right to file a grievance or an appeal when you're not satisfied. Some matters may involve a provider, and each of the provider organizations should have a procedure for complaints and grievances as well. Other matters may involve Creative Care Options and its processes and decisions that it has made or a team has made.

What is a grievance?

A grievance is an expression of dissatisfaction about something *other than an action* by Creative Care Options. Grievances may be submitted verbally or filed in written form to either Creative Care Options or to the State of Wisconsin. Any verbal grievance will later be put down in writing.

Some examples of things you might file a grievance about are:

1) The quality of a specific service is below standards
2) The way a provider or CCO staff person treats you
3) You do not believe you are getting the services you think you need.

What is an appeal?

An appeal is a request to Creative Care Options to reconsider a decision or an action that it has taken. When an action is taken by CCO, you will receive a Notice of Action form explaining the action from your Interdisciplinary Team. Appeals may be submitted verbally or in written form to Creative Care Options, or to the Wisconsin Department of Health and Family Services, or to the State Division of Hearings and Appeals Office. Any verbal appeal will later be put down in writing to be confirmed by you unless the requested appeal is expedited.

Some examples of things you might file an appeal on are:

1) a reduction or change in your services,
2) a denial of a service or items that you have requested
3) a change in eligibility status for Family Care or Medicaid

An appeal of an action must be filed within 45 days of receipt of the Notice of Action. If you want services to continue during the appeal process, you must file an appeal within 14 days of receipt of the notice or the effective date of action given in the notice and make the request for services to continue. You will be given detailed information on the Notice of Action form itself about how to appeal.

What do I do if I have a grievance or appeal?

The first thing you should do if you are not satisfied is to talk to your team about your problem. If it involves a provider service, you should also talk to the provider. The phone numbers for your team are listed on the member information sheet your team has given you. You may also contact the Member Relations Coordinator to assist with resolution. A lot of times, you will be able to get the problem fixed without going any further.

You can file a **grievance** with any member of your team or with the Appeals and Grievances Coordinator. There is a grievance/appeal form included at the end of this Member Handbook. You may also file a grievance with the Wisconsin Department of

Health and Family Services. You may also file a grievance or appeal with the State Division of Hearings and Appeals.

What if I need help filing my grievance or appeal?

If you don't want to talk to your team about the problem, you can call the Member Relations Coordinator at Creative Care Options, who may be contacted at (920) 906-5121. This person is available to assist members with any grievance or appeal or member rights matter. You may call Member Relations for information about appeals, our processes or services, or service quality concerns.

Types of Grievances and Appeals Procedures:

There are basically three different grievance and appeal mechanisms available to you as a member of Creative Care Options. A member may chose to use any of the three processes one at a time, or all three at the same time, or any combination. The three processes for grievances and appeals are:

1) the local standard grievance and appeal process,
2) the State grievance and appeal review and mediation process, and
3) the State Fair Hearing process

What Is The Local Creative Care Options' Grievance and Appeal Process?

To file a local appeal or grievance, or to request assistance or information to file an appeal or grievance, contact the case manager and nurse on your team. Your team or staff at the Member Relations' number can explain the processes and assist you to file an appeal or grievance. Someone is available to assist your with your concerns or answer your questions.

There is a standard grievance and appeal resolution process that results in a response from CCO within 20 business days. If you feel that a situation threatens your health and immediate well-being, there is also an expedited appeal process which may be requested. An expedited appeal is for when you feel you need an answer or response immediately or within a few days. You may contact the Member Relations coordinator or the Appeals and Grievances coordinator to learn more about the appeal process.

You may contact Member Relations at:

Write:	Larry Debbert, Member Relations Creative Care Options 50 North Portland Street Fond du Lac, WI 54935
Call:	(920) 906-5121
Fax:	(920) 906-5103

	(877) 227-3335 toll free
TTY:	(800) 947-3529 (Wisconsin Relay System)
E-Mail:	larry.debbert@fdlco.wi.gov

You may contact the Appeals & Grievances Coordinator at:

Write:	Meghan Hyland, Appeals & Grievances Coordinator Creative Care Options 50 North Portland Street Fond du Lac, WI 54935
Call:	(920) 906-5195
Fax:	(920) 906-5103
	(877) 227-3335 toll free
TTY:	(800) 947-3529 (Wisconsin Relay System)
E-Mail:	meghan.hyland@fdlco.wi.gov

When you file a formal local process grievance or appeal, Creative Care Options has 20 days to let you know what we are going to do about the problem. If the grievance or appeal cannot be resolved with mediation by the Member Relations staff, a hearing with the CCO Appeals and Grievances Committee will be held prior to the 20 day deadline. You will receive notice about the hearing. In this process you will bring your grievance or appeal directly to the Committee. You can talk to them yourself, or have someone talk to them for you about your grievance or appeal. This Committee includes CCO members like you, CCO staff, and individuals from the community. All proceedings are confidential. The Committee decision on the matter is the local response to your appeal or grievance and will be in writing.

Members or CCO may also request an extension of up to 14 days to the 20-day timelines in this process. If CCO extends the timeframes, it must be based on a need for additional information and be in your best interests, and you must receive a written notice of the reasons for the delay.

The summary of annual grievances and appeals will be reviewed by the CCO Quality Committee. The summary of all grievances and appeals is also reviewed by the Local Long-term Care Council and the CCO Governing Board. This review assures Creative Care Options has safeguards for members in place related to their rights within the Family Care benefit. These reviews are summaries and do not identify members because confidential information is respected.

Creative Care Options promises that you will not get into any trouble if you complain or file a grievance or appeal. You have the right to do this, and we want you to be happy with your care. Filing a complaint, a grievance, or appeal will not affect the way Creative

Care Options, any providers, or the State of Wisconsin treat you. We promise that there will be no retribution of any kind.

We will work with you to resolve the problem. You can have a family member, friend, or another person help you with your grievance or appeal. If you want help and don't know anyone who can help, you can get help from an advocate. The names and phone numbers of advocates can be found in the next section on "Advocacy Services." We can help you get in touch with these advocates. These advocates do not work for Creative Care Options. They may include the Benefit Specialists at the Senior Services Department and at the Aging and Disability Resource Center.

What about a request for an expedited resolution for an appeal?

You or your provider may request an expedited appeal response and inform Creative Care Options that taking the time for a standard resolution could seriously jeopardize your life or health, or ability to attain, maintain, or regain maximum function. Creative Care Options will determine (from your appeal request specifying an expedited resolution) if an expedited appeal process will result in a response from CCO within three working days after CCO has received the appeal and request. Creative Care Options will make reasonable effort to provide to you oral notice of resolution within the three working days, and will mail a written resolution to you within the three working days.

Creative Care Options assures you and your providers that it will take no punitive action against providers which make an expedited appeal request or support your expedited appeal request.

If Creative Care Options denies your request for an expedited appeal resolution, we will transfer the appeal to the standard appeal resolution process and timeframe (within 20 business days). CCO will give you prompt oral notice of the denial and send a written notice to you within two calendar days of the initial request.

When will I hear back about my appeal or grievance?

If you file a written grievance or appeal with Creative Care Options, we will let you know within 5 days, in writing, that we got it. We will decide what we will do about your grievance or appeal in 20 days or less. If a resolution through mediation by Member Relations staff is not forthcoming within the first 10 days, a hearing with the Appeals and Grievance Committee will be scheduled. Notice of the hearing will be sent to members who appeal. After the hearing, and within the 20 days, Creative Care Options will respond to the appeal with the Committee's decision. Our response will tell you who received your complaint or grievance, the date of the Committee's decision, what was decided about your appeal, and the reasons for the Committee's decision. The other avenues to resolve the appeal will be again given to you.

What about continuation of services during my appeal?

If Creative Care Options decides to stop a service, or give you less service, or deny a service request, you will receive a Notice of Action form on the matter. The Notice of Action letter will also inform you of the appeal processes and about service continuation during the appeal process. If you want services to continue at the same levels during your appeal, CCO will continue services if
1.) you file your appeal by the date of the intended action or within 14 days (whichever is later), and 2.) you request continuation of services at the current level authorized by your team. Your appeal should be sent to the Appeals and Grievances Coordinator, whose address is given on the Notice of Action form. If the hearing resolution is against you, you may have to pay the cost of services provided in the interim.

If you ask for a service and CCO denies authorization, CCO will make sure you have reasonable services while your appeal is being decided on. If you don't agree with CCO's response to your grievance or appeal, you can appeal CCO's decision directly to the State of Wisconsin Department of Health and Family Services Division of Hearings and Appeals for a State Fair Hearing. You may also request a Department of Health and Family Services review and mediation of our decision.

At any time, before, during or after the Creative Care Options' grievance and appeal processes, you can file your grievance or appeal directly with the Department of Health and Family Services or the State Fair Hearing Process.

What is the Wisconsin Department of Health and Family Services Grievance Review Process?

You can file any kind of grievance or appeal with the Department of Health and Family Services Review Process instead of using the Creative Care Options' process or in addition to it. You can file a grievance with the Department of Health and Family Services for review and mediation by contacting the Family Care Grievance hotline, or by writing, calling or e-mailing. Someone at MetaStar who works with DHFS to review and mediate Family Care grievances and appeals will let you know in writing within five days that your grievance or appeal has been received, and will try to help you to resolve it. The investigator will send you the written response to the investigation and mediation effort within 20 business days.

You may contact the Department of Health and Family Services at:

Write: DHFS Family Care Grievances
c/o MetaStar
2909 Landmark Place
Madison, WI 53713

Call: (888) 203-8338 toll free (Hotline)
Fax: (608) 274-8340

E-mail: famcare@dhfs.state.wi.us

What is the State Fair Hearing Process?

You can take your grievance or appeal right to the State Fair Hearing Process without first going through the Creative Care Options' process or the Wisconsin Department of Health and Family Services' review process. The State Fair Hearing Process is for grievances or appeals about:

- Not getting services in a timely way,
- A decision that gives you less service, or stops a service,
- A service plan that requires you to live in a place you don't want,
- A service plan that gives you less service than you need,
- A service plan which is unnecessarily restrictive and with services you don't want
- A service plan that limits the way you want to live
- A decision by CCO on an appeal that is entirely or partially adverse to you
- A decision to involuntarily disenroll you from Creative Care Options.

If one of these things happens, and you disagree, you need to file a request postmarked within 45 days of the Notice of Action to qualify to get a Fair Hearing. If you want services to continue during the appeal process, you must file an appeal within 14 days or by the effective date of the action (whichever is later) and request continuation of currently authorized services. You may be responsible for paying the cost for services during the appeal process if the final decision is against you.

If you have a grievance about something else, you can use the Wisconsin Department of Health and Family Services grievance process. Your care team or the Member Relations Coordinator can help you with filing your appeal or grievance if you ask them to do so. You can file a request for a State Fair Hearing by any of the ways listed below.

You may contact the Division of Hearings and Appeals at:

Write:	Family Care Request for Fair Hearing DOA Division of Hearings and Appeals 5005 University Av., Rm. 201 P. O. Box 7875 Madison, WI 53707-7875
Call:	(608) 266-3096
Fax:	(608) 264-9885
(TTY)	(608) 264-9853

An administrative law judge will conduct a hearing on your appeal at a local site. You will receive notice of the hearing date and place. You may present evidence and bring other people with you to support your position on the appeal. The administrative law judge will issue a decision on the matter.

There will be no retribution or impact on your other services should you file an appeal, grievance, or a request for a Fair Hearing. It is your right to do so, and part of the process to safeguard your rights through the Family Care benefit. You have assurance that filing an appeal or grievance, or requesting a State Fair Hearing process will not negatively impact the way CCO, its providers, or DHFS treat you.

ADVOCACY SERVICES

If you want independent help with your grievance or appeal, or any other problem you are having with Creative Care Options, you can contact an agency that provides advocacy services. They may be able to help you. One agency available to help is:

Disability Rights—Wisconsin
(formerly Wisconsin Coalition for Advocacy)
131 West Wilson Street, Suite 700
Madison, WI 53703

Phone: 1-800-928-8778 (Voice/TTY, Toll Free)
Phone 1-608-267-0214 (Voice/TTY)

Disability Rights—Wisconsin is the state's protection and advocacy organization. It provides services to people with developmental disabilities, and people who are living in institutions or who are at risk of living in an institution. If you don't think you fit one of these categories, you can still call, and they will determine whether they can help you or not.

Another agency to help is the Wisconsin Board on Aging and Long-term Care:

The Wisconsin Board on Aging and Long-term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704

Phone: 1-800-815-0015 (Toll Free)

Ombudsmen (helpers) from this agency provide advocacy to people who live in nursing homes, facilities for person with developmental disabilities, community based residential facilities, and adult family homes. The Ombudsmen will assist members age

60 years and older with issues related to licensed residential services.

Information and Assistance may also be received from the local county Aging and Disability Resource Center, especially the Disability Benefit Specialist. The Elderly Benefit Specialists at the county Senior Services Department may also help with information and assistance. They may be contacted at:

Disability Benefit Specialist Aging & Disability Resource Center 87 Vincent Street Fond du Lac, WI 54935 Phone: (920) 929-3428 General (920) 435-7335 Toll Free (920) 929-3443 TTY	**Elderly Benefit Specialist** Senior Services Department 160 South Macy Street Fond du Lac, WI 54935 Phone: (920) 929-3521

WILL I BE SUBJECT TO ESTATE RECOVERY?

Through estate recovery, the State seeks to be paid back for the cost of your services. Recovery is made from your estate, or your spouse's after both of you have died. The money recovered goes back to the State to be used for care to others in need.

Creative Care Options members age 55 or older may have all of their costs of care recovered. Recovery is made by filing claims on estates. Remember the State will not try to be paid back from your estate when your spouse or child with a disability is still alive. Recovery will happen after their death.

If you already are on Medicaid, or a member of Creative Care Options receiving long-term care services, the estate recovery rules apply to you.

If you choose to receive the Medicaid Hospice benefit, note that both the Family Care and the Hospice Medicaid benefits are recoverable under estate recovery. You will receive a notice and you may ask the Aging and Disability Resource Center for information or counseling on this particular estate recovery matter.

Your economic support worker will let you know if any of the rules of estate recovery change at any time while you are a member of Creative Care Options. Of course, you can disenroll for any reason, such as a change to estate recovery rules.

To request a photocopy of a brochure available on the Wisconsin Medicaid Estate Recovery Program, ask your economic support worker or contact Member Relations at (920) 906-5121. It is a 19-page booklet on the program for affected Medicaid eligible people. It is also available on the Internet at this address:

http://dhfs.wisconsin.gov/Medicaid1/recpubs/erp/phc13032.pdf

You may call this number to ask questions about the Medicaid Estate Recovery Program:

Phone: 1-800-362-3002 (Voice/TTY/Toll Free)

ACRONYMS

ADL	Activities of Daily Living
ADRC	Aging & Disability Resource Center
AFH	Adult Family Home
AODA	Alcohol and Other Drug Abuse
APS	Adult Protective Services
ASTOP	Assist Survivors, Treatment, Outreach, Prevention (Sexual Abuse)
CARES	Client Assistance for Re-employment and Economic Support (State computer System)
CBRF	Community Based Residential Facility
CCO	Creative Care Options
CM	Case Manager
CMA	Case Manager Assistant
CMO	Care Management Organization
DHFS	Department of Health and Family Services
DLST	Daily Living Skills Training
DME	Durable Medical Equipment
DMS	Disposable Medical Supplies
DOA	Department of Administration
DSS	Department of Social Services
EAN	Elder Abuse & Neglect
EOB	Explanation of Benefits
EQRO	External Quality Review Organization
ESS	Economic Support Specialist

FAVR	Friends Aware of Violent Relationships (domestic abuse)
FC	Family Care
FFES	Financial & Functional Eligibility Screen
HIPAA	Health Insurance Portability & Accountability Act
IADL	Instrumental Activities of Daily Living
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility-mentally retarded
IDT	Interdisciplinary Team
IRRT	Inter-related reliability test
ISP	Individual Service Plan
LOC	Level of Care
LTC	Long Term Care
MA	Medical Assistance (or Medicaid)
MAPP	Medical Assistance Purchase Program
MCO	Managed Care Organization
MCP	Member Center Plan
PERS	Personal Emergency Response System
POAFIN	Power of Attorney for Finances
POAHC	Power of Attorney for Health Care
RAD	Resource Allocation Decision Method
RCAC	Residential Care Apartment Complex
RN	Registered Nurse
SDS	Self-Directed Supports
SHC	Supportive Home Care
SNF	Skilled Nursing Facility

04/01/08

An Appeal and Grievance Form Follows

For Your Use When You Determine

That It Is Necessary. This Form

Is Part of The Safeguards For Your

Rights Under the Family Care Benefit

CREATIVE CARE OPTIONS OF FOND DU LAC COUNTY
GRIEVANCE AND APPEAL FORM

To give us a complaint, grievance, or appeal you can call the Appeal & Grievance Coordinator at (920) 906-5195. You can give us your appeal or grievance by filling out this form. You can file a grievance when you are not pleased with something about your services. You can file an appeal if you do not agree with an action taken by Creative Care Options. This may be a service denial, reduction or stopping a service, or an eligibility matter. You have the right to file appeals and grievances at any time. Creative Care Options will acknowledge receipt of your appeal or grievance. You must receive a response from Creative Care Options in writing within 20 business days. There is more detailed information about your rights as a member and about appeals and grievances in you Member Handbook. Please review the Member Handbook for details.

Instructions: Please fill out as much of this form as you can. If you need help filling out this form, or have questions about the appeal and grievance process, ask your team, or call the Quality & Member Relations Manager, Larry Debbert, at 920-906-5121, or the Appeal & Grievance Coordinator, Meghan Hyland, at (920) 906-5195. They will assist you to complete the form and to begin the appeal or grievance process. When the form is completed, send it to:

Appeal & Grievance Coordinator
Creative Care Options
50 North Portland Street
Fond du Lac, WI 54935

Basic Information:	
Name:	**Phone:**
Street:	
City, State, Zip:	
What is your complaint, grievance, or appeal?	

What do you want Creative Care Options to do about your grievance or appeal?	
Signed:	**Date:**

04/01/08